Demolition Permit Application HERTFORD COUNTY CODE ENFORCEMENT

Building Inspections

307 W Tryon St. • PO Box 424, Winton, NC 27986 Office: (252) 358-7814 • Fax: (252) 358-1241

Project Address:	Parcel #	
Applicant Name:		
Property Owner:	Phone #: ()	-
Address:	City: State: Zip:	
Email Address		
Demolition Contractor:	Phone #: ()	_
Address:	City: State: Zip:	
License #: Email Address:		
Total Project Cost: \$		
Type of Building: [] Residence [] Accessory Str Type of Construction: [] Stick Built [] Modular [] Proof of ownership is required to remove structure [] If anyone other than the property owner or contractor appli [] Be aware of dump tickets that are required before a final sipermit [] A copy of the Asbestos Report (if required) must be attached.	[] Masonry [] Metal ***********************************	the
I hereby certify that all information in this application is correct and all work State and local laws, ordinances, and regulations. The Inspections Depa specifications for the project permitted herein. • Permits expire 6 months expire when work has started but discontinued for	will comply with the State Building Code and all other applicable tment will be notified of any changes in the approved plans and after the issue date if no inspections are requested. Permits also	*****
Applicant Signature:	Date:	
ALL PERMIT FEES ARE NON-REFUNDABLE – Checks paya Please note there may be additional state and federal departments	ole to: Hertford County Inspections – Cash/Check ONLY nts that require notification/permits before and/or after demolition.	
Office Use Only: \$40.0	Permit Application Fee	
	Received By:	
Cash/Chack #	Paid Ry:	